

DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington, DC 20350-2000

OPNAVINST 1754.2A
Pers-66
7 September 1993

OPNAV INSTRUCTION 1754.2A

From: Chief of Naval Operations
To: All Ships and Stations (Less Marine Corps field addressees not having Navy personnel attached)

Subj: EXCEPTIONAL FAMILY MEMBER PROGRAM

- Ref:**
- (a) Public Law 94-142, "Education for All Handicapped Children Act of 1975", as amended (20U.S.C. ss 1401 et seq. (1976 and Sep p. II 1978))
 - (b) Public Law 95-561, Defense Dependents' Education Act
 - (c) Public Law 102-119, Individuals with Disabilities Education Act Amendments
 - (d) DoD Instruction 1342.12 of 17 Dec 81 (NOTAL)
 - (e) DoD Instruction 1010.13 of 28 Aug 86 (NOTAL)
 - (f) DoD Instruction 1010.13R of Mar 92
 - (g) OPNAVINST 1300.14A
 - (h) NAVMEDCOMINST 1300.1C

- Encl:**
- (1) Definitions
 - (2) Exceptional Family Member (EFM) Enrollment Procedures
 - (3) Sample NAVPERS 1754/1, Exceptional Family Member Program Application
 - (4) Sample NAVPERS 1754/3, Exceptional Family Member Program Functional Medical Summary
 - (5) Sample NAVPERS 1754/4, Exceptional Family Member Program Special Education Worksheet

1. Purpose. To implement the provisions of references (a) through (f), and issue Navy policy and guidance for identifying sponsors who have

an Exceptional Family Member (EFM) with special medical, medically related, or educational needs, and for assisting sponsors to locate needed services within their next assignment area.

2. Cancellation. OPNAVINST 1754.2. (A)

3. Background. The Department of the Navy EFM Program was established in September 1987 to comply with references (a) through (e) which collectively mandate that sponsors with EFMs be assigned only to those overseas areas where their EFM's specialized needs can be met. The EFM program has evolved to include the identification of all EFMs with special needs, regardless of where the sponsor is assigned. Some Navy members have been reluctant to pursue identification of their EFM status, resulting in unnecessary family hardship and turbulent personnel practices, such as early reassignment of the sponsor due to inadequate educational and/or medical support. The provisions of this instruction are intended to support and facilitate the traditional philosophy of the Navy caring for its own and to comply with directives of higher authority.

4. Policy

a. Goal. The primary goal of the EFM program is to assist service members in providing for the special needs of their EFM before, during, and after relocation required by change of duty assignments. Enrollment in the program is mandatory. All family members identified by physicians and/or educational authorities as exhibiting medical or educational disabilities or chronic medical conditions will be enrolled promptly once the condition is documented. (R)

b. Identification. The EFM program confirms the availability of services, both medical and educational, at overseas locations and the availability of medical services at isolated continental United States (CONUS) locations; identifies sponsors requiring assignment to CONUS



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facilities adjacent to major medical facilities; and identifies those sponsors eligible for homesteading. The requirements of this program are in addition to those contained in references (g) and (h).

c. Enrollment. EFM sponsor enrollment is recommended by the Bureau of Medicine and Surgery (BUMED), Central Screening Committees (CSC) (defined in enclosure (1)), and approved by the Bureau of Naval Personnel

- R) (BUPERS).** Once the condition is documented, the service member will submit application forms and substantiating documentation according to the procedures stated in enclosure (2).

- d. Assignments.** During the assignment process, detailers will fully consider location, and timing of assignments for sponsors of EFMs as well as the EFM enrollment categories.

- (1)** Detailers will carefully consider all factors before assignment of an EFM sponsor to overseas/isolated area duties. Maximum consideration will be given to co-locating sponsors with their families as well as the EFM enrollment categories.

(a) EFM sponsors electing to serve an accompanied tour overseas will be assigned only to areas where the required services for the EFM are available. The EFM Program Manager (Pers-662D) will chop all orders prior to their release.

(b) Family members enrolled in the EFM program will be overseas-screened as outlined in reference (f).

(c) Navy will assign EFM sponsors within the Navy's geographical area of responsibility for the provision of medically-related services. Navy is responsible for Japan, Australia, the Caribbean region, Bermuda, Newfoundland, and New Zealand. Navy dependent children with educational disabilities will not be sent to another military department's designated area of responsibility without prior approval from that service.

(d) Per reference (f), any sponsor may be denied command-sponsored travel of dependents to an overseas location when it is determined by the gaining medical treatment facility (MTF) that the general medical services required by any family member, including EFMs, are not available.

(2) To maintain a sailor's obligation to remain worldwide assignable, EFM sponsors shall be required to serve unaccompanied tours as necessary to fulfill sea/shore obligations of rate/rating. EFM sponsors may elect to serve unaccompanied tours. In those cases, the transferring commanding officer must review the decision with the sponsor to ensure that the separation will not create an undue hardship on the family which could result in an early return of the sponsor. EFM sponsors electing to serve an unaccompanied tour will not be eligible for command sponsorship of their dependents at a later date.

(3) EFM sponsors may be assigned to involuntary unaccompanied tours provided those assignments are approved at the BUPERS flag level.

(4) Requests for early return of sponsors and their families must be initiated if medical needs exceed the capability of medical services readily available at the overseas/isolated duty assignment. The family member will promptly be enrolled in the EFM program at that time.

5. Responsibilities

a. Deputy Chief of Naval Operations (Manpower and Personnel) (N1) shall:

(1) Establish program policy.

(2) Monitor and assess the program effectiveness with regard to Navy families and its mission impact, if any.

(3) Implement the program.

R) b. The Assistant Chief of Naval Personnel for Personal Readiness and Community Support (Pers-6) will administer the program and shall:

- (1) Prescribe EFM program enrollment procedures.
- (2) Coordinate detailing procedures including those for severely disabled EFMs.
- (3) Prescribe procedures for expeditious screening and forwarding of all EFM forms from the sponsor or medical treatment facility via the CSC to the EFM Program Manager (Pers-662D).
- (4) Establish and maintain a database of all enrolled sponsors having EFMs.
- (5) Establish and maintain a current EFM resource database which includes medical, educational, and support agencies, facilities, and services in key fleet concentration areas.
- (6) Prescribe procedures for disenrollment of any EFM family member who has sufficiently recovered from the impairment that required specialized medical care or educational services.
- (7) Develop and periodically conduct training and information campaigns to inform command personnel (e.g., commanding officers, command master chiefs, MTFs and Family Service Center (FSC) staffs) about the program.

A) (8) Assist with relocation assistance for EFM families by providing access to the EFM Resource Database by sponsors/MTFs.

c. Director, Office of Civilian Personnel Management, shall:

- (1) Establish and maintain an EFM program for Department of the Navy civilian employees.

(2) Ensure that children of civilian selectees for an overseas position are screened for disabilities as prescribed by reference (f).

(3) Conduct liaison with Department of Defense Dependent Schools (DoDDS) and the EFM Program Manager of the military department having medical responsibility for the area to which an overseas assignment of a civilian employee is being considered to ensure the availability of required services.

d. BUMED shall:

(1) Maintain two or more CSC/EFM Developmental Centers, composed of multi-disciplinary specialties, at major fleet concentration sites, to provide developmental pediatric training to physicians and other health care providers; assist in the identification and evaluation of EFMs at the designated CSC sites; provide screening functions and recommendations to BUPERS regarding EFM enrollment; and assist Navy families in the care of their EFMs.

(2) Develop internal program policy for all health care providers and patient administrators to identify and enroll EFM sponsors. (R)

(3) Identify an EFM coordinator at each Navy MTF who will: (R)

(a) Assist staff and sponsors in the application process. (R)

(b) Provide necessary forms. (R)

(c) Maintain liaison with other EFM coordinators and overseas screening offices. (R)

(d) Provide training, as necessary, to all area commands on the EFM program. (R)

(e) If serving at an overseas MTF, provide liaison with the DoDDS and the cognizant military service having responsibility for medically related services to ensure required services are available. (A)

A) (f) Develop and maintain the portions of the EFM resource database that reflect local area medical/educational resources.

(4) Develop and implement quality assurance of CSC procedures.

(5) Maintain working liaison with BUPERS EFM Program Manager.

e. Commanders, commanding officers, and officers in charge (OIC) shall:

(1) Disseminate the requirement for mandatory enrollment of EFM's.

(2) Ensure confidentiality is maintained by command regarding medical or educational information related to an EFM.

(3) Establish a command point of contact through either the command master chief/command senior enlisted advisor or career counselor.

A) Command representatives shall maintain liaison with the local MTF EFM program coordinator to assist in the enrollment process.

(4) Ensure command support personnel, such as chaplains, Command Career Counselors, FSCs and Child Development Centers (CDCs), and Ombudsmen are aware of program goals and eligibility requirements and provide accurate counseling and dissemination of program guidance to eligible applicants. Special emphasis should be placed on the member's obligation to remain worldwide assignable and in order to meet the needs of the Navy they may be required to serve unaccompanied tours.

R) (a) FSCs/CDCs/Ombudsmen can assist EFM families by: providing information and referral, and maintaining liaison with the local EFM coordinator at the MTF.

(b) Command support personnel shall provide resource information to the EFM coordinator at the MTF for inclusion in the EFM resource database.

A) (5) Ensure service members are aware of the identity of the local MTF EFM program coordinator to facilitate enrollment procedures.

(6) Conduct an annual command survey to identify family members who should be enrolled in the EFM Program.

f. Commanding Officers Personnel Support Activities shall:

(1) Ensure Personnel Support Detachment (PSD) personnel know the program purpose and enrollment procedures (enclosure (2)) and the local MTF EFM coordinator.

(2) Ensure forms (enclosures (3) through (5)) are readily available for personnel seeking program enrollment information.

g. Every Navy sponsor shall:

(1) Ensure that an application for enrollment in the EFM program is submitted to EFM Program Manager (Pers-662D) via the CSC for any family member who has been evaluated or treated by a physician and found to have a long-term/chronic physical or mental condition requiring medical treatment or supervision, or who is of school age and is entitled to early intervention/special education services in accordance with references (a) through (c).

(2) Keep medical information in the EFM's health record(s) current, regardless of whether derived from military or civilian health care providers, medical facilities or hospitals, or school evaluations. This will also enable military health care providers to complete the NAVPERS 1754/3, Functional Medical Summary (enclosure (4)) when the primary civilian physician is unavailable.

(3) Provide the EFM Program Manager (Pers-662D), (through the commanding officer), health information and/or records when a family member, previously enrolled as an EFM, has sufficiently recovered from the impairment so

that specialized medical care and/or special educational services are no longer required, or if the status of the EFM changes through legal separation, divorce, or place of residence.

(4) Ensure that a renewed or updated application for the EFM program is submitted when the family member's condition changes or upon completion of diagnostic evaluations. For those conditions that may warrant temporary enrollment in the EFM program (as determined by the CSC), updated applications will be submitted as required to the EFM Program Manager.

6. Procedures. Application procedures governing the EFM Program are delineated in enclosure (2). Samples of the application forms are provided as enclosures (3) through (5).

7. Forms. The following forms are in the Navy supply system:

NAVPERS 1754/1 (8-92), S/N 0106-LF-014-9400 - EFM Program Application (completed by sponsor)

NAVPERS 1754/3 (8-92), S/N 0106-LF-014-9500 - EFM Program Functional Medical Summary (completed by MTF)

NAVPERS 1754/4 (8-92), S/N 0106-LF-014-9600 - EFM Program Special Education Worksheet (completed by school)

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(Manpower & Personnel)

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DEFINITIONS

1. Central Screening Committee (CSC). A committee, consisting of health care providers, assigned by BUMED, to review all completed EFM applications and recommend disposition to BUPERS.

2. Designated Military Service. The Military Service to which the Department of Defense (DoD) has assigned responsibility, in a given geographic area overseas, for providing medically-related services for those children receiving special education.

3. Exceptional Family Member (EFM). An authorized family member (spouse, child, stepchild, adopted child, or dependent parent) residing with the sponsor, who possesses a physical, intellectual or emotional disability or condition and who requires long-term special medical or educational services. (R)

4. EFM Coordinator. A designated individual at a military treatment facility (MTF) who provides information, assistance and forms to MTF staff, local commands, sponsors, and other family members with regard to enrollment procedures, program benefits and available local services and facilities.

5. EFM Command Point of Contact. A designated individual at each command who has general knowledge of the EFM program and can provide guidance for obtaining further assistance (usually the command master chief, command career counselor or senior enlisted advisor). (A)

6. Geographic Area. A specific geographic location chosen for a sponsor's assignment where the required medical and educational staff for the sponsor's disabled child or other family member is available.

7. Homestead Assignments. A detailing policy that permits a sponsor whose family member is identified by the CSC as severely disabled the opportunity to remain in a particular geographic location. Homestead sites will be selected based on their ability to provide requisite services and appropriate sea/shore rotation. Homestead sites include: Norfolk, VA; Mayport/Jacksonville, FL; San Diego, CA; San Francisco/Oakland, CA; and Bangor/Bremerton/Puget Sound/Seattle, WA. (R)

8. Isolated Area. Any DoD area which does not have health care providers capable of treating and/or monitoring family members who have chronic/severe medical or disabling conditions.

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9. Major Medical Area. Any area served by medical departments of the armed services or civilian MTFs which have physicians capable of treating and/or monitoring family members who have impairments or chronic/severe medical conditions.

10. Medically Related Services. Services provided by a privileged physician or allied health professional to assist a school's case study committee in determining a student's eligibility for special education and for therapeutic health care necessary for the child to benefit educationally. When stationed overseas, transportation must be provided to and from the MTF when receiving these services.

R) 11. Overseas Screening. Medical and educational screening of service members, spouses, children, dependent parents, etc., to identify chronic/severe illnesses, medical disabilities or unusual medical/educational problems requiring specialized medical/educational services. The MTF performing overseas screening ensures these needs can be met at the member's next duty station prior to recommending to the commanding officer that the member is suitable for assignment at that location. The MTF overseas will liaison with DoD Schools to ensure services are available for school age children.

A) a. If orders have been issued after confirmation of EFM enrollment, overseas/isolated screening will be accomplished per reference (f).

A) b. If overseas screening uncovers the need for enrollment of a family member in the EFM Program, overseas/isolated screening must continue in addition to the EFM Program application process.

12. Severely Disabled. A family member who has a serious impairment or a serious medical condition that is expected to exist over a long time-period and requires medical specialists, frequent hospitalization, or intensive nursing care, pharmacy or laboratory support; or who requires frequent health services not available at most naval branch medical clinics. Some examples of these conditions include: multiple disabilities, seriously emotionally disturbed, severe birth defects, and conditions requiring placement in residential care facilities.

R) 13. Special Education. Educational needs of a physically disabled or learning disabled child which are defined in an Individual Education Plan (IEP) or an Individual Family Support Plan (IFSP) that includes classroom placement that best meets the child's needs.

Enclosure (1)

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EXCEPTIONAL FAMILY MEMBER (EFM) ENROLLMENT PROCEDURES

1. Sponsors shall enroll their EFM, using application forms that may be obtained from their personnel support detachment/activity, the EFM coordinator at the local medical treatment facility (MTF) or the command point of contact. Procedures for submission are as follows:

a. NAVPERS 1754/1, EFM Program Application (enclosure (3)). The EFM sponsor or spouse, if sponsor is unavailable, completes and signs. (R)

b. NAVPERS 1754/3, EFM Program Functional Medical Summary (enclosure (4)). The first page is completed and signed by the EFM sponsor or spouse authorizing release of medical information by the EFM's physician (either civilian or military) to the EFM program officials. Subsequent pages are completed by the physician. Completion of the NAVPERS-1754/3 is required regardless of the medical/educational condition of the EFM. (R)

c. NAVPERS 1754/4, EFM Program Special Education Worksheet (enclosure (5)). The first page is completed and signed by the EFM sponsor or spouse authorizing release of educational information by the EFM's school official. Subsequent pages are completed by the school official. A copy of the Individualized Education Plan (IEP) or Individualized Family Support Plan (IFSP), required by public law, must be attached. (R)

d. If the sponsor is not stationed within an area serviced by a military MTF and a civilian physician completes the forms, the member may forward the EFM application directly to the appropriate Central Screening Committee (CSC).

e. If the sponsor is stationed within an area serviced by a MTF, the EFM coordinator at the MTF will forward the forms and accompanying documents, after reviewing them for consistency and completeness, to the appropriate CSC, as discussed below. (R)

f. EFM application submission procedures:

(1) Applications for EFMs who reside east of the Mississippi; in the European, Middle Eastern, and African areas; or in the Atlantic/Caribbean region shall be forwarded to:

Enclosure (2)

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EFM Central Screening Committee
Naval Hospital
Portsmouth, VA 23708-5000.

(2) Applications for EFMs who reside west of the Mississippi; in Central America; in the Pacific basin; or in the Orient shall be forwarded to:

EFM Central Screening Committee
Naval Hospital
San Diego, CA 92134-5000.

2. All MTFs, upon identification of a potential EFM through provision of medical care or the overseas screening process, shall ensure completion of enclosures (3) through (5) and forward the completed application to the appropriate screening committee.

R) 3. Overseas screening must continue even though enrollment in the EFM Program is warranted. If the overseas screening cannot be completed prior to transfer of the sponsor, the sponsor's command shall notify BUPERS (Pers-4, Pers-40, appropriate detailer and Pers-662) by message and request that the orders be held in abeyance pending completion of overseas screening. Message shall indicate whether or not EFM application has been submitted and status of the enrollment package.

4. The CSC shall promptly review the EFM application, make recommendations, and forward it to the EFM Program Manager (Pers-662D) for final action. The CSC shall make recommendations for EFM applicants to be assigned to one of the following categories for detailing use:

a. Level I EFM enrollees are those whose medical or educational condition requires monitoring by the EFM Program Manager but does not preclude the sponsor's assignment to overseas/isolated duty stations, nor require assignment near a major MTF, nor dictate homesteading.

R) b. Level II EFM enrollees are those whose medical or educational condition requires special placement in compatible geographic areas, pinpointing assignments in CONUS or overseas.

A) c. Level III EFM enrollees are exempt from overseas assignment. The medical and/or educational condition of this category of EFM precludes the assignment of the sponsor to overseas locations based on nonavailability of medical and/or educational services.

Enclosure (2)

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d. Level IV EFM enrollees require sponsor assignment near a major medical facility (either military or civilian). These sites coincide with large fleet concentration locations. (R)

e. Level V EFM enrollees require sponsor homesteading. These EFM enrollees are considered by the CSC to be severely disabled. Homesteading will provide for long term retention of the sponsor and his/her family in an approved area to benefit the EFM enrollee by creating a stable environment for procurement of medical and educational benefits. Homesteading will not preclude the requirement for at sea/shore rotation of the sponsor, nor will it interfere in the assignment of a sponsor-elected unaccompanied or sponsor-elected geographical bachelor assignment, provided the needs of the EFM are addressed and the sponsor counselled. (R)

f. Level VI enrollees require sponsor to enroll temporarily for a period of 6 months but no more than one year while treatment or diagnostic assessments are ongoing. Service member will submit updated application at the end of that time. (A)

5. The EFM Program Manager will review each application and exercise final approval authority based on recommendations of medical, educational and other experts. For those approved EFM applicants, the EFM Program Manager will:

a. Identify EFM sponsors and categories of enrollment and report them to officer and enlisted detailers.

b. Notify sponsors by letter, via their commanding officers, of their enrollment in the program and their category of enrollment. A copy of the letter will also be provided to the submitting MTF, EFM Coordinator.

c. Maintain current EFM files and an EFM database.

d. Conduct liaison with detailers, Bureau of Medicine and Surgery (BUMED), Department of Defense (DoD) staff, and other military departments for effective program execution.

e. Establish liaison with federal and state agencies regarding special programs, services and facilities to assist military families.

f. Ensure availability of required EFM services in the United States Army and United States Air Force areas of responsibility.

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g. Provide resource information to sponsors and commands upon request.

h. Annotate the sponsor's detailing record to reflect a family member's enrollment.

i. Monitor assignment of all EFM program enrollees.

6. Officer and enlisted detailers will work with the Navy member to develop a career path which permits normal sea/shore rotation. While it might not always be possible, every conceivable attempt will be made to meet career and special family needs.

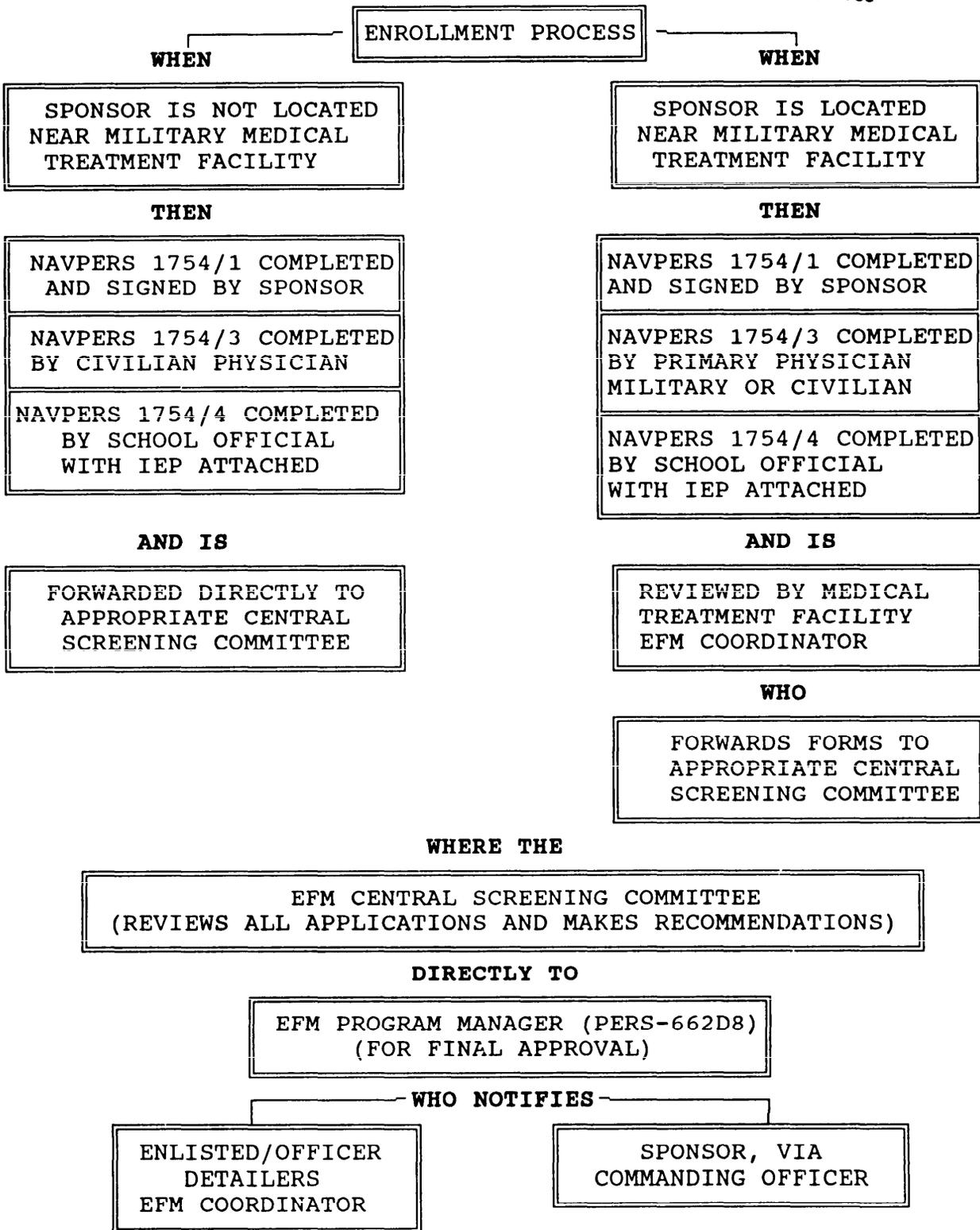
7. Further program guidance and general information can be obtained by contacting the EFM Program Manager at the following address and phone numbers:

Bureau of Naval Personnel
EFM Program (Pers-662D)
Washington, DC 20370-6620

DSN: 224-1480, 223-3308/09/10
(703) 693-3308/09/10
TOLL FREE: 1-800-527-8830

R)

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INSTRUCTIONS FOR ENROLLMENT IN THE EFM PROGRAM

The EFM Program is a mandatory requirement per OPNAVINST 1754.2A to identify family members with special medical or special education needs. The program aids detailers and monitors in assigning service members to areas where special needs will be met. For additional information, review OFF/ENL TRANSFER MANUALS, contact the medical EFM Coordinator or your command point of contact.

GENERAL ENROLLMENT GUIDELINES:

- * To qualify for this program, family members must be enrolled in DEERS and residing with the sponsor.
- * The family member must have a chronic illness or physical/educational disability requiring long term care and monitoring.
- * NAVPERS 1754/1 EFM Application is completed by sponsor/spouse.
- * NAVPERS 1754/3 Functional Medical Summary is completed by the family member's military or civilian physician, including all children being enrolled with special education requirements.
- * NAVPERS 1754/4 Special Education Worksheet is completed by a school official when special education exceeds 20% of school time or when the Individual Education Plan (IEP) indicates occupational/physical therapy, speech/language or psychological services is/are required. Attach current IEP or ISFP.
- * Special Education endorsement is required for all 5-18 yrs old.
- * Sponsor must retain a copy of EFM forms for update requirements.
- * Give completed forms to EFM Coordinator or forward directly to:

EFM Central Screening Comm or EFM Central Screening Comm
Commanding Officer
Naval Hospital (Code 0505A)
Portsmouth, VA 23708-5000
(804) 398-5833

Commanding Officer
Naval Hospital (Code CGH)
San Diego, CA 92134-5000
(619) 532-7291

- * For questions or inquiries, please call:

Exceptional Family Member Program
Bureau of Naval Personnel (Pers-662D8)
Washington, DC 20370-6620
DSN: 223-3308; Commercial: (703) 693-3308
Tollfree: 1-800-527-8830; FAX: (703) 693-6471

Exceptional Family Members Program
Commandant Marine Corps (Code MHF)
Washington, DC 20380-0001
DSN: 226-2049; Commercial: (703) 696-2049; FAX: (703) 696-1143

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EXCEPTIONAL FAMILY MEMBER (EFM) PROGRAM APPLICATION

PRIVACY ACT STATEMENT: The authority to request the following information is contained in 5 USC 301, 10 USC 3012, 20 USC 921-932, Public Law 94-142, Public Law 95-561, DoD Instruction 1342.12, DoD Directive 1342.13, and Executive Order No. 9397. This information is requested to allow enrollment of a sponsor and his or her exceptional family member into the EFM program. The information will be used to assist officials of the Department of the Navy in assignment of personnel with an exceptional family member to duty stations with the special education and health-related services necessary and available to meet their needs. Disclosure of this information requested from the sponsor is mandatory.

NOTE: Refer to OPNAVINST 1754.2A for application procedures and additional information

First Application *Updated Application*

SPONSOR INFORMATION

NAME: (LAST, FIRST M.)		SSN:	RANK/RATE:
BRANCH OF SERVICE:	DESIG / NEC / MOS :	PRD:	EAOS:
HOME ADDRESS:		HOME PHONE: (Area code & number)	
DUTY STATION ADDRESS:		DUTY PHONE: (Commercial)	
		DSN:	
ARE YOU CURRENTLY ON HUMANITARIAN ASSIGNMENT? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IS YOUR SPOUSE ON ACTIVE DUTY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF YES, NAME:		RANK / RATE	SSN:

EXCEPTIONAL FAMILY MEMBER INFORMATION

NAME: (LAST, FIRST M.)		RELATIONSHIP TO SPONSOR:	
DATE OF BIRTH: (YY / MM / DD)	HEALTH CARE PROVIDER: (PLEASE CHECK ONE) MILITARY <input type="checkbox"/> CHAMPUS <input type="checkbox"/> STATE <input type="checkbox"/> OTHER <input type="checkbox"/>		
IS EFM ENROLLED IN DEBES: YES <input type="checkbox"/> NO <input type="checkbox"/>	UNDER WHAT SSN:		

IF EFM DOES NOT RESIDE WITH SPONSOR, PROVIDE ADDRESS & EXPLAIN:

SIGNATURES

SPONSOR SIGNATURE:	DATE:
EFM MEDICAL COORDINATOR NAME:	DATE:
MEDICAL DEPARTMENT ADDRESS:	PHONE:

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FUNCTIONAL MEDICAL SUMMARY

PART I

NOTE: Do not place in this box completely and accurately (ICD-9-CM, DSM-IV)

CURRENT ACTIVE DIAGNOSES	ICD or DSM	SEVERITY: A - MILD, B - MODERATE, C - SEVERE	FREQUENCY OF INPATIENT CARE

PHYSICIAN PLEASE PROVIDE: Progress, expected length of treatment, required participation of family members, and if treatment is ongoing.

PART II

ARTIFICIAL OPENINGS/SHUNTS

NONE	GASTROSTOMY (V44.1)	TRACHEOSTOMY (V44.0)
ILEOSTOMY (V44.2)	CYSTOSTOMY(V44.3)	COLOSTOMY (V44.3)
VP SHUNT (V45.2)	OTHER:	

PART III

List the **MEDICATIONS AND DOSAGES** that the patient requires on a routine basis including chemotherapy, radiation therapy, or blood products.

PART IV

ARCHITECTURAL CONSIDERATIONS: LIMITED STEPS COMPLETE WHEELCHAIR ACCESSIBILITY

FUNCTIONAL MEDICAL SUMMARY

PART V **MINIMUM HEALTH CARE SPECIALTY required for care. (check appropriate box)**

(SPECIFY IF PEDIATRICS SUB-SPECIALIST)	6-12 MONTHS	3-4 MONTHS	MONTHLY	WEEKLY
ALLERGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AUDIOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARDIOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DERMATOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DEVELOPMENTAL PEDIATRICIAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIETARY/NUTRITION SPECIALIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ENDOCRINOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FAMILY PRACTITIONER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GASTROENTEROLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GENERAL MEDICAL OFFICER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GYNECOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEMODIALYSIS TEAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEMATOLOGIST/ONCOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IMMUNOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NEPHROLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NEUROLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NUCLEAR MEDICAL PHYSICIAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OCCUPATIONAL THERAPIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPHTHALMOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORTHODONTIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORTHOPEDIC SURGEON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OTORHINOLARYNGOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PEDIATRICIAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PEDODONTIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHYSIATRIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHYSICAL THERAPIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PODIATRIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSYCHIATRIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSYCHOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPIRATORY THERAPIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RHEUMATOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOCIAL WORKER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPEECH PATHOLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SURGEON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPLANT TEAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UROLOGIST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SAMPLE

SEP 7 1993

FUNCTIONAL MEDICAL SUMMARY (cont'd)

PART VI

THERAPY/SPECIAL SERVICE REQUIREMENTS

GENERAL SERVICES REQUIRED:	Physical therapy
Social work services	Program for visually impaired
Occupational therapy	Community health nurse services
APNEA monitor home program	Early intervention program
Cognitive enrichment program	Durable medical equipment
SPEECH/LANGUAGE /AUDIOLOGY SERVICES:	Speech/language impairments
Total communication (includes signing for hearing persons)	Augmentative communication (uses communication devices)
Hearing impaired (include signing/hearing aids, assistive listening devices)	Other

PART VII

DESCRIBE surgery or treatment likely within the next 3 years with the approximate date. List other problems or family circumstances that should be considered in the assignment of the sponsor. Attach medical statement.

PHYSICIAN NAME: (PRINTED)

SIGNATURE/ DATE

ADDRESS:

PHONE NUMBER:

I certify that I have reviewed the above medical information, and that it is complete and correct to the best of my knowledge.

SPONSOR SIGNATURE: _____ DATE: _____

Enclosure (4)

SPECIAL EDUCATION WORKSHEET

RELEASE AUTHORIZATION

SCHOOL INFORMATION

EFM'S SCHOOL OFFICIAL:

SCHOOL'S ADDRESS:

PHONE NUMBER: (Commercial)

DSN:

SPONSOR INFORMATION

I hereby authorize the above named school official or his agent to release the information in this Special Education Worksheet for the student listed below to EFM Program officials for the purpose of evaluating and determining necessary special education needs.

(Name of Exceptional Family Member)

(Relationship to sponsor)

SPONSOR'S SIGNATURE:

DATE:

ENDORSEMENT BY SCHOOL OFFICIAL:



Special Education requirement is not applicable (If checked, DO NOT fill out the remainder of the form.)



This child has been assessed and does qualify for services under the Public Law 94-142/99-467/102-119. (If checked, please complete the remainder of this form, and attach a current Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) to this form.)

SCHOOL OFFICIAL SIGNATURE:

DATE:

SPECIAL EDUCATION WORKSHEET

Student's name:		Student's date of birth (year/month/day)
Sponsor's name:		Social Security Number:
Branch of service:	Sponsor's address:	
Name and address of school exceptional family member is presently attending:		

CHECK APPROPRIATE BOXES:

Student's educational performance is adversely affected by physical impairment that requires environmental and/or academic modification.

<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Deaf-Blind
<input type="checkbox"/>	Hard of hearing	<input type="checkbox"/>	Blind
<input type="checkbox"/>	Orthopedically impaired	<input type="checkbox"/>	Autistic
<input type="checkbox"/>	Visually handicapped	<input type="checkbox"/>	Other health impaired

Student manifests a psycho-emotional state (seriously emotionally disturbed) as the primary cause of academic and social difficulties.

Student's educational performance is adversely affected by speech and language difficulties.

<input type="checkbox"/>	Voice production disorder	<input type="checkbox"/>	Dysfluency
<input type="checkbox"/>	Misarticulation	<input type="checkbox"/>	Receptive language delay
<input type="checkbox"/>	Expressive language delay	<input type="checkbox"/>	

Student's measured academic achievement in math, reading or language is adversely affected by underlying conditions including intellectual deficit and/or information processing and/or developmental adaptive behavior deficit.

<input type="checkbox"/>	Generic, mild educational impairment	<input type="checkbox"/>	Mentally retarded (mild)
<input type="checkbox"/>	Mentally retarded (moderate, severe)	<input type="checkbox"/>	Specific learning disability

Current grade level of exceptional family member.

<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Kindergarten
<input type="checkbox"/>	First through twelfth (use #s 1 to 12)	<input type="checkbox"/>	Greater than high school

SPECIAL EDUCATION WORKSHEET

Special Requirements:

<input type="checkbox"/>	Large Print	<input type="checkbox"/>	Optical aide(magnify-devices, projection devices)
<input type="checkbox"/>	Requires Braille instruction	<input type="checkbox"/>	Is Braille proficient
<input type="checkbox"/>	Talking books	<input type="checkbox"/>	Requires Braille material
<input type="checkbox"/>	Requires ongoing mobility training	<input type="checkbox"/>	Requires support for independence (seeing eye dog, cane, direction ability)
<input type="checkbox"/>	Amplification (hearing aid /assistive listening devices (e.g., FM systems)	<input type="checkbox"/>	Signing
<input type="checkbox"/>	Non-oral communication	<input type="checkbox"/>	Speech and language training for hearing impaired or deafness
<input type="checkbox"/>	Total communication	<input type="checkbox"/>	Oral communication
<input type="checkbox"/>	Environmental adaptation (ambulation or sitting (i.e wheelchair))	<input type="checkbox"/>	Alternatives (tape recorder, typewriter, computer, oral exams, etc)

If student requires related services, check all that apply.

<input type="checkbox"/>	Physical therapy	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	Psychological services (therapeutic)	<input type="checkbox"/>	Psychological services (diagnostic)
<input type="checkbox"/>	Recreational services	<input type="checkbox"/>	Adaptive physical education
<input type="checkbox"/>	Cooperative work study (job training, adapt for safety, ambulatory or health needs)	<input type="checkbox"/>	Vocational education
<input type="checkbox"/>	Speech therapy	<input type="checkbox"/>	

Types of placement:

<input type="checkbox"/>	Regular class placement with modifications	<input type="checkbox"/>	Special education resource class 10-20% of the school day
<input type="checkbox"/>	Special education part-time class 20-50% of the school day	<input type="checkbox"/>	Special education 50-100% of the school day
<input type="checkbox"/>	Placement in a special day school	<input type="checkbox"/>	Educational instruction provided in hospital or at home
<input type="checkbox"/>	Placement in an early childhood preschool program	<input type="checkbox"/>	

SPECIAL EDUCATION WORKSHEET (cont'd)

Services required:

<input type="checkbox"/> Cognitive enrichment program	<input type="checkbox"/> Program for visually impaired
<input type="checkbox"/> Community health nurse services	<input type="checkbox"/> Program for oral motor therapy
<input type="checkbox"/> Social work services	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> APNEA monitor home program	<input type="checkbox"/> Physical therapy

Standard therapy required for:

<input type="checkbox"/> Speech/language impairments	<input type="checkbox"/> Hearing impaired (includes signing)
<input type="checkbox"/> Total communication (includes signing for hearing person)	<input type="checkbox"/> Augmentative communication (uses communication)
<input type="checkbox"/> Alaryngeal speech (rehabilitation after laryngeal surgery)	<input type="checkbox"/> Other (specify)

Please indicate any other special requirements of the student.

- YES NO Is this exceptional family member one of the rare few for whom a move out of his/her current location would be extremely detrimental?
- YES NO Is this exceptional family member one of the rare few for whom a move out of his/her current level of services would be extremely detrimental?

I certify that the information provided is complete and accurate to the best of my knowledge.

SCHOOL OFFICIAL SIGNATURE: _____ DATE: _____